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SLEEP, THE WILL TO SLEEP AND INSOMNIA.*

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I.

IN the *Nouvelle Iconographie de la Salpêtrière* (vol. 25, 1912) Harald Fredenström recounts the remarkable story of a girl who slept not less than 32 years. This strange case that stirred all Sweden occurred in a little hamlet called Oknö, on the Swedish coast.

One day in 1875, when she was about fourteen years old, Karoline Ollson came home complaining of a tooth-ache and threw herself on the bed. She was destined to leave this bed only after 32 years, in 1908! She fell asleep, awoke from time to time, slept 32 years, now and then succeeded in making herself understood and is said to have spoken only very few words during all that time. She was nourished with two glasses of milk a day and her excrementory functions were reduced to such an extent that her father and her brother maintained in all seriousness that nothing of this sort ever actually occurred. More careful investigation proved, however, that this was an error; but for all that it must be admitted that these functions were reduced to a minimum. Occasionally a physician would be called in who would shrug his shoulders and do nothing. Once she was admitted into a hospital; after fifteen days she was sent home with a diagnosis of "hysteria." The father asserted that during these 32 years he had seen her crawling on the ground three or four times and that some twenty years before she had exclaimed in his presence: "Dear Jesus, have pity on me!"

* [This essay is an authorized translation, in slightly abridged form, of a lecture by the Viennese psychotherapist, Dr. Stekel, published in 1915. The translator's additions are in square brackets.]

Her mother, after having nursed her with affectionate attentiveness for years, died in 1905. This event evidently made some impression on her for when her father told her of her mother's death she began to cry and cried as long as the body remained in the room. Then she became quiet and went on sleeping again.

After the mother's death a kind of governess was brought to the house who clearly did not know the patient's whims; for there is a very strong suspicion that during her mother's absence Karoline used to get out of bed and feast liberally in the kitchen. The governess seemed to have locked her provisions up more carefully so that Karoline used to go hungry. It is clear then that Karoline had a motive for suddenly getting up in April 1908 and resuming a normal life just as if these 32 years had been only a single day and a single night.

As the governess entered the room on this critical day, she found Karoline crawling on the floor and crying. She was surprised and commanded her, perhaps more severely than customary, to lie down. Karoline did as ordered but inquired, crying, "where is mama?" When her brothers returned home she did not know them and said: "These are not my brothers; they were so little!" She was very emaciated, her skin was of a transparent pallor, such as we see in persons who die of hunger, whereas formerly she had still looked comparatively well. But after this day she began to take part in the life about her, ate her meals with a good appetite, and when one of her former classmates called on her it was found that she read fluently, conversed about the past, and after fifteen days more got out of bed and began to do some housework although her movements at first were somewhat clumsy. She never spoke of the past. It seemed as if a thick veil had been thrown over this whole period.

The report of the marvel that the 32 year sleeper had awakened spread over the whole length of the coast and many inquisitive ones came to Oknö to see this miracle. It is a pity that we have no analysis to show us what had been passing through the mind of this dreamer during that long period.

Doctor Fredenström emphasizes the fact that Karoline looked remarkably young. It is remarkable too that this sickness set in just at the time when her menses appeared and that she awoke after the advent of the menopause. In other words she slept away all her womanhood. She was a child and wanted to remain a child. Even her inquiry for her mother shows that she was really suf-

fering from a disease that we designate as "psychic infantilism." It is extremely probable that dreams of childhood filled her sleep all those 32 years; indeed she may even have dreamt of still being within her mother's womb, as if she still had her whole life before her.

This case shows us what a great role the will to sleep plays in the development of these maladies. For we have similar observations at our disposal even though the phenomenon of the 32-years' sleep was observed only in this single case of the 'sleeping girl from Oknö.' *

The newspapers recently reported the strange case of 'the three sleeping women of Prague.' In a quiet house in Prague lived three sisters of whom the neighbors had not seen or heard anything for several days. They had not shown themselves in the street and their door remained securely locked. The neighbors began to bruit it about that a crime had been committed; others asserted that they had all committed suicide. The police having been notified, they broke into the house, for all their banging and rattling of the doors had proved in vain. They found the sisters asleep in their beds, and the house barricaded as if it had been intended to convert it into a fortress. They were very resentful at having been awakened. They had intended to sleep during the entire duration of the war. They did not want to hear any more about atrocities, streams of blood, nameless sacrifices, and furious heroic conflicts. They wanted to sleep and awake after peace had been made and the bells were ringing in the new era. . . . And they would probably have slept many months had they not been awakened. Perhaps they are sleeping again and waiting till those joyous bells will be ringing throughout the realm. For *the will to sleep is a powerful hypnotic*.

Before I enter upon an explanation of this remarkable fact, I would like to say a few words about *the physiology of sleep*. Just as in the case of so many other of our daily functions, so too in the case of the phenomenon of sleep, science has failed to find a satisfactory explanation. There are current many hypotheses about sleep but none that can be considered proved.

The theory of sleep that has found most adherents avers that

* [Cases of *prolonged somnolence* or *morbid drowsiness* occurring at improper times, occasionally or periodically, lasting from a few minutes to several hours or days at a time, are not very infrequent. Cases of *lethargy* (*trance-sleep*), i.e. sleep lasting several weeks, are very unusual but occur. Most of these cases are hysterical; some are due to organic causes and toxemias.]

the human being is narcotized when he falls asleep. The individual tires himself with his day's work; *fatigue products* accumulate in his body and the alkaline blood becomes acid. These fatigue products [toxins resulting from the oxidation of the tissues] affect the organism like a narcotic poison. We sleep because we each day prepare for ourselves our own chemical sporific, our own narcotic. Sleep is therefore a poisoning process, a kind of 'auto-intoxication.' But—this 'fatigue poison' has, however, not yet been discovered. Toxic substances have been found in animals which had done a hard day's work; but the exact chemical composition and the physiological effects of these fatigue toxins are unknown.

For a long time it had been believed that the autointoxication of the body with *lactic acid* was the cause of sleep. But if this theory were well founded it ought to be an easy matter to prove it; for if it were so it ought to be easy to bring about sleep by taking a dose of lactic acid. But inasmuch as this simple experiment always failed, this simple theory had to be discarded. We are also in possession of observations that conflict with the fatigue theory. It is known that often persons who are over-fatigued cannot fall asleep. On the other hand, we find that sleepless persons who try to induce sleep by fatiguing themselves fail to bring about the wished-for result. Besides, we find human beings who almost never do anything fatiguing, who do no physical or mental work, who yet enjoy extraordinarily deep and refreshing sleep, whereas persons who work very much, tire themselves daily, exert their energies to the utmost, must nevertheless be content with little sleep and, for all that, are in perfect health.

Evidently fatigue plays a certain role in the process but only in connection with other factors of which more remains to be said. It is a remarkable circumstance that scientists have a long time disputed whether the brain is anemic or hyperemic during sleep. There have been physiologists of repute who asserted that the brain during sleep is hyperemic, *i.e.* oversupplied with blood, and found corroboration for their statement in observations on animals. Finally, however, there came the conviction that sleep cannot be brought about unless there is a certain degree of *anemia of the brain*.

How does this anemia come about? What becomes of the blood which would otherwise circulate in the brain? We know that our intestines can take up so much blood that it is possible

for a person to die of internal hemorrhage. A blow on the abdomen may result in that peculiar shock that we attribute to an over-filling of the abdominal viscera. In this way an individual might actually die of bleeding into his own organs without having suffered an injury. But even the skin, not merely the viscera, can take up a large quantity of blood. It is said, in fact, that the skin can take up one third of the blood of an individual. It is very probable, as has been partly proved, that the dilatation of the cutaneous blood vessels is one of the essential conditions for deep, healthful sleep. The individual bleeds into his skin and into his viscera, *i.e.* into himself, as he falls asleep. In this respect sleep resembles an attack of fainting which also represents an internal congestion when it is not due to a weak heart or some other organic malady. And if I may be permitted to digress from these general scientific considerations to say something about the hygiene of sleep, I may say that the dilatation of the blood vessels of the skin and the anemia of the brain give us a few important hints and serve to explain many sleep disturbances. All garments that constrict the neck, *i.e.* interfere with the downward flow of the blood from the brain, necessarily interfere with sleep. Or if we are not covered warmly enough, and as a result of the cold the cutaneous vessels are contracted and cannot take up the necessary quantity of blood, sleep disturbances must result. It is absolutely necessary to warm up during sleep. The delicious feeling of warmth that one is conscious of in bed is due to the large store of blood flowing thru the veins; thru the accumulation of this warmth, such as is brought about by the use of appropriate covering, there results that hot-house temperature that is essential to human beings.

From this one can get an idea of how difficult it is for our troops at the front to sleep in their tight garments which constrict the skin and impair the circulation, and how difficult it is to fall into a deep sleep when one is freezing (so that a hyperemia of the skin cannot be brought about). Notwithstanding this, physical fatigue may induce deep sleep even under the most unfavorable conditions. During sleep all the forces of the body are regenerated, stored up for new power and new work on the morrow.

II.

But let us return to our theme. A rich vascularisation of the skin is essential to the maintenance of one's health.

To this statement it might be objected that persons who

freeze fall asleep, which ought to be impossible if the above theory is true; for, the blood vessels of the skin are contracted before one freezes to death and there ought to be a consequent hyperemia of the brain which ought to prevent the sleep so dangerous to a freezing person. But what happens in a person freezing to death is that he has what I have called above a hemorrhage into his viscera. The blood flows out of the skin and out of the brain into the internal organs which thus become engorged. The same thing happens when a person freezes to death. Finally as the person freezes a disintegration takes place in the blood and this results in a kind of autointoxication.

It is clear that a person must lie with his head elevated if his brain is to be anemic during sleep. If the opposite were the case we would preferably and more easily sleep with our legs elevated and the head lowered. The position assumed in bed and the kind and quantity of covering differ with each individual. The amount of sleep and the kind of circulation required vary greatly in different individuals. Every one instinctively chooses the position that is best suited for him. For notwithstanding the vast number of human beings that people this globe, the scientist can calmly say: "There have never been two human beings that were exactly alike." With such enormous possibilities for variations, all the bodily functions must also be variable.

Hitherto I have spoken only of a chemical and a vaso-motor theory of sleep. But experience shows that it requires a third theory fully to explain the phenomenon of sleep. Unquestionably psychic forces also operate to induce sleep in human beings. Before I enter upon the proof this theory which I would call *the psychological theory* (and for which I claim paternity) I would like to say something about one of the daily phenomena to which most persons give no thought. I mean the phenomenon of 'attention.' Let us assume that I go to the theatre to-day and witness a performance that bores me. Now one of two things may happen: I may suddenly become aware that I have all through the performance been thinking of something else, or I may all through the play be struggling with the desire to sleep and may even have fallen asleep at intervals. The attempt to concentrate one's attention on something that is going on and does not interest one begets in many persons a desire for sleep.

The psychology of tedium is surely one of the most interesting chapters in the modern study of the soul. We know that atten-

tion requires an affect, *i.e.* a charging of the soul with emotions. *We are interested only in what excites us.* If we try to force ourselves to become interested in something, the attempt fails in many cases because the emotions refuse to take the positions assigned them. That's what happens to me at the theatre during a tedious play.

Why does this put me to sleep?

Let us assume that this happens on a day on which I was not at all tired, on which I had not done an unusual amount of work, and notwithstanding this I begin to yawn spasmodically and catch myself closing my eyes for several seconds at a time.

As to the function of *yawning* we are still very much in the dark. I believe that as a result of this deep inspiration there comes about a moment in which the flow of blood from the brain is checked. I maintain the inspiration, *i.e.*, I expand the lung so that the flow of blood from the brain is impeded. Yawning serves to keep us awake. It is not a means of falling asleep but, on the contrary, a struggle against falling asleep. Yawning shows that I am trying to ward off the inclination to sleep. If yawning were an aid to sleep every person would yawn a couple of dozen times on going to bed but, as we know, we do not do this. One yawns only when one is bored. So that we may say I fall asleep at the theatre because my emotions are pursuing other channels. They take an inward course. We must no longer look on the soul as a lake in which only the surface is in motion. Internal forces are continually contending and struggling within us. We like to designate these internal forces as *the unconscious*. Throughout the day the unconscious has only a very limited sovereignty. Consciousness rules cruelly and relentlessly and compels us to meet the day's demands. But our many suppressed desires and wants also have a right to be satisfied. They assert this right during sleep. In dreams all these images that had been forced out of the daylight follow one another in rapid succession and we awake only after they have danced an almost endless, dissolving whirl with incredible speed all thru the hours of the night. *We sleep that we may dream!* In other words, the unconscious also demands the prerogative of ruling. It says: "Consciousness, you have reigned enough; now deliver your scepter to me, King Consciousness! Now I want to reign; now my time of rule is at hand."

That is my theory—or, let me say more modestly,—my hypothesis of sleep. Briefly and succinctly stated it is this: Man sleeps

because he wants to sleep. Simple as this may sound, on closer psychological investigation the will to sleep proves quite complicated. Former theories asserted that man sleeps because he must. He is compelled to sleep. My theory is: man compels himself to sleep. *Sleep is a kind of autohypnosis.* The only question is who is the hypnotist?

To answer this question I must first point out the contrast between the conscious and the unconscious. We all live in two worlds: the world of daylight and the world of dreams. The matter might also be described in terms of space. Everything that constitutes the upper layer of consciousness, *i.e.*, the blossoms on humanity's cultural tree, *viz.*: morality, ethics, art, law, order, customs, are grouped in the higher centres. All that is hereditary, instinctive, dark, impulsive, ['low,' 'bestial,'] slumbers in the deeper layers. Every one carries about within him 'another self,' a criminal,—one who submits only with gnashing of teeth to the world's rules and rebels, who wants to gratify all his primitive instincts,—a primitive man. Primitive man and cultural man, *i.e.*, the deeper layers of the brain and the upper, are in constant conflict with each other. Cultural man rules consciousness, and the more his own desires coincide with the demands of culture the more he may influence the domain of the unconscious with his power. Primitive man reigns in the dreams of the night. The whole domain of sleep belongs to him. Waking and sleeping are therefore a continuous conflict between the primitive and the cultural man. Man sleeps because the unconscious subdues the conscious, because the primitive man has snatched from cultural man the sovereignty over the realm of thought.

Sleep is a dip into the past, a sinking into the limitless ocean of memories of man and of mankind. In my sleep I live over the lives of all my ancestors. Perhaps I even traverse all the stages of evolution from the primal cell up to civilized man. To sleep is to re-experience one's past, to forget the present and to glimpse the future. . . . Now, nothing in nature is so ordered that thousands and thousands of transitional forms of it may not be found between the normal and the extraordinary. It must therefore be possible to find pathological psychic states in which this theory of sleep may be proved inasmuch as the pathological exaggeration makes it more easily demonstrable.

III.

There are certain sleeping states, occurring in sick persons during the day, which may be said to be due to the overwhelming of consciousness by the unconscious. We call this kind of sleep a *hysterical attack*. What is it that goes on during such an attack? Let us take an example from life: A girl is conversing with one of her girl friends, apparently upon some innocent topic. Suddenly she leans back in her chair and falls to the floor, loses consciousness and is thrown into a violent convulsion. A quarter of an hour later she awakes without knowing what had happened to her, without knowing that she had fainted. She recalls only having a peculiar feeling of bliss before a heavy, black veil sank over her eyelids.

Modern neurology has shed some light on the dark psychic processes of such an attack. In the above instance what transpired was as follows:

The girl who witnessed the attack had been telling her friend about an episode in her life in which she had for several weeks enjoyed unalloyed happiness by virtue of having overcome her moral scruples. She was one of that well-known type of "sweet girl" who puts herself beyond the bounds and restrictions of morality when she loves; a creature who gives herself up without more ado to the man of her choice. But her friend to whom she was now confessing her sins (they had not seen each other for a long time) was the typical unhappy 'girl of good family.' She was already twenty-seven years old, had avoided all temptation,—passionate but unyielding. Even in her fantasies she was almost as immaculate as in her life she was prudish and modest. But in her attack she experienced all that her friend has been telling her. For a quarter of an hour her unconscious was stronger than all her conscious scruples. But her conscious self was not to know that such sinful longings existed. For even in her fantasies she had not gone beyond the portals of that realm which her friend had already traversed. Now in the dream accompanying the attack these portals opened wide. She experienced all this and perhaps even more. After it she could wake again, could again be the prudish, chaste maiden in whom there dwelt another who, after this day, could have her will during an attack.

One who has had the opportunity to observe a hysterical attack will be amazed at the elementary power of the passions manifested therein in a very thinly veiled form. Indeed, French

scientists actually speak of the "attitudes passionelles." How does such a hysterical attack come about? In the midst of a quiet conversation, and apparently without any provocation, a girl falls to the ground, makes wild outcries and distorts her body with grotesque turnings and twistings. What has happened here? By way of some association (which is usually hidden from consciousness, but which the investigator can sometimes ascertain) the repressed desires force themselves forward with great energy and threaten to compel consciousness (that has hitherto refused to see them) to take cognizance of them. A respectable girl suddenly feels the approach of desires, sees images rising up before her, against which she fights with all the force of her moral consciousness. The attack follows. The curtains fall and the scene is enacted behind the scenes of consciousness. At such moments the cultural personality is in obedience. The primitive being rules, the suppressed instincts gratify themselves in the world of fantasy. The body accompanies these fantasies with passionate movements and—the attack is over as soon as it has discharged its duty. The girl can be respectable again because in a dream-like state she has satisfied the demands of the primitive being within her.

This example shows us that sleep occurs because the unconscious enforces it. This phenomenon is manifested even more clearly and this problem of the overwhelming dream-sleep grows even more interesting when we turn our attention to those cases that have hitherto been considered as belonging to the domain of epilepsy. There are cases whose true character cannot be decided. It is not known whether they are of an epileptic or hysterical nature and the difficulty is obviated by creating an intermediate species: *hystero-epilepsy*!

Genuine epilepsy is really a relatively rare disease. It depends upon organic causes, *e.g.*, tumors, brain injuries, and other organic diseases, whereas most cases of so-called epilepsy prove—according to my investigations—to be ordinary hysteria. By hysteria we mean that disease in which unconscious psychic forces translate themselves into symptoms of organic disease. *Epilepsy is in most instances hysteria.* None the less, there is a distinction between the hysterical and the pseudo-epileptic attack. *Whereas in hysteria it is essentially a matter of repressed sexual desires, in [pseudo-]epilepsy it is man's suppressed criminal impulses that find a vent.** In the [pseudo-]epileptic attack the epileptic commits a

* Cf. the chapter on 'the psychic treatment of epilepsy' in my book, *Nervöse Angstzustände*, 2d edition, Berlin, 1913.

crime. The sufferers are often gentle, apparently kind-hearted, timid individuals who bear within themselves an inferno of hate and rage. I have had under my observation a public official who, having been several times demoted, conceived a deadly hatred toward his superior. Being an extremely moral man, he knew how to contend with this hatred and apparently to overcome it. I say 'apparently' because he satisfied this hatred by means of epileptic attacks. Suddenly he would behold a red veil or red flames shoot up in front of his eyes and then would fall to the ground. But on one occasion he succeeded in catching the thoughts that rushed in upon him just before the attack. This phenomenon before an attack is called an aura. In this aura he suddenly beheld a man plunging a knife into the breast of another. The picture was distinct! He was the murderer and the other the hated superior. Consciousness could not bear the thought that he might become an assassin. But the unconscious affects were too intense to be content with such relief as the nocturnal dreams afforded. If as a result of some chance association during the day he happened to recall the hated superior he was likely all of a sudden to be seized with an attack. Let us cite an instance: One day, walking quietly along X Street, he automatically read the name displayed on a shop window and below it the words, "Tailoring Shop." Mechanically he repeated the name and the words beneath it, without stopping to think what impelled him to do so. Suddenly he sank to the ground, had an epileptic attack and had to be carried home. What happened was that an association from 'Tailoring' (Tailor-ing) led to his hated superior (whose name was 'Taylor') and automatically set his hatred new awork. The thought, "you ought to kill that man!" was struggling to penetrate consciousness. But this thought must not become conscious. Even before consciousness could recognize the hideous thought that it cherished a criminal impulse, it permitted itself to become overwhelmed by the unconscious. That is the psychology of his attacks.

We see, then, that there are occasions when sleep occurs during the day. But I could cite other examples from my experience if I wanted to restrict myself to this theme. I have recorded numerous observations proving that even normal persons are overcome during the day by short periods of sleep, lasting only a few moments, in which they have the strangest experiences. The *day-dreams* of many people offer a kind of transition between this

condition and waking. Their minds are far away, they do not hear when they are spoken to and start up suddenly; if you ask them what they had been thinking about, they do not know. They have the faculty of dreaming, one might almost say 'sleeping,' open-eyed. During these dreamy minutes they act like automatons. They read mechanically and can even carry on an indifferent conversation and yet be wrapped up in definite fantasies. The interesting thing about these individuals is that they do not know they are indulging in fantasies, that they are living in two worlds, one of which is wholly alien to the other. It is so to say a waking sleep which may also be encountered in the strangest and most manifold transitional forms. There are, for example, persons who suffer from a disease known as *narcolepsy* [from Gr. *narke*=sleep, and *lambanein*=to take]. It is a pathological hypersomnolence. These persons want to sleep all the time. I knew a man suffering from narcolepsy who fell asleep in the street-car, or slept even while walking, could fall asleep while engaged in conversation, etc., so that he soon became utterly worthless as far as a vocation was concerned. He had all sorts of difficulties in the army and had to be discharged from the service. He slept not only at his post but even while on the march and at drill.

This not uncommon disease may attain any degree of intensity, and the persons afflicted by it may be rendered wholly unfit for life. In another case that came under my observation, it turned out that the trouble was due to a stubborn conflict between conscious and unconscious forces in which consciousness occasionally had to retreat from the preponderance of the unconscious forces. In the narcoleptic attacks the man always regressed into his childhood. He was a little child again and had his mother. It was such a regression as we frequently find in daydreams.*

IV.

And now I would like to return to the sleeping girl of Oknö, the hysterica who slept 32 years. In all those weary years she lived a fantasy life and this world of rich fantasies was evidently more valuable to her than what real life in her lonesome farm had to offer. One who could have had access to her dreams during those years would perhaps have found that the hysterical girl of Oknö had experienced more than all her sisters and friends who shared the little joys and pains of life on the Swedish coast.

* [In quite a large number of hysterics there is a morbid drowsiness due to indolence; in others it is due to a desire to escape life, painful realities and as an escape from duty; in still others it is due to the happiness found in the dreams.]

She too had become as a child again and for thirty-two years had dreamt the sweet dreams of her childhood.

How fortunate are we human beings in having dreams that can so richly compensate us for all the renunciations of our earthly existence, that loose all bonds that the State and the law have imposed, that wiped out all the boundaries between life and death! The dream is the sole conjurer that makes possible the most impossible. If the power to dream were somehow taken away from man he would go to pieces just as certainly as a dog does who is not permitted to sleep (and who, according to the researches of science, cannot live after 120 hours of continuous sleeplessness). A human being without dreams would die of spiritual hunger. Of course, there are many persons who assert that they never dream, that they have a dreamless sleep. This is a gross error. Those psychologists who believed that the dream constitutes only a single interval in the long succession of sleeping hours, that dreams are islands rising out of the endless ocean of sleep, did not have the right conception of the essence of dreams and are grossly in error.

Dreaming begins the moment we close our eyes and continues all through the night to the moment of waking which, cruelly or kindly (according to whether our dreams had been pleasant or distressing), summons us back, by the aid of consciousness, to waking life.

I had for a long time been of the opinion that the dream connects itself with the last waking thoughts and spins out the fine thread until in some round-about way it reaches those desires and longings that are to be satisfied that particular night. Gradually I have been forced to a different conclusion. I know now that the dream images lurk behind the scenes, waiting for the moment when they may overwhelm our consciousness like a horde of drunken soldiers breaking into the peace of a sleeping city. In exactly the same way day snatches us out of our dreams, frequently enough without any transition. In other cases there are wonderful dreams that describe the transition into dreams, into sleep and into waking. These symbolisms of falling asleep and of waking have been described by Herbert Silberer, who has named them *threshold symbolisms*. I fall asleep and at the last moment I succeed in getting hold of a *hypnagogic dream image*. (That is the name we give to the dreams one dreams almost half unconsciously just before falling asleep.) "I see a dark tunnel into which I force myself." The meaning of this dream picture is:

'now I enter the realm of my dreams.' Once just before awaking I dreamt that a door opened and I stepped out of the gloom of a dark chamber into a spring landscape flooded with light. This dream image visualizes the passage from sleeping into waking. It is a *hypnopompic dream*. It is, of course, not always possible to recall these delicate transitions. They do not always occur. I have repeatedly observed in my own dream images with what violence dreams that had absolutely no connection with the thoughts that were then occupying me forced themselves into my mind.

How is it that we do not know that we are perpetually dreaming? And, oh, how much one can dream in a night! The experimental dreams of the French Scholar Maury teach us with what uncanny rapidity dreams proceed. He took the trouble to record his dreams. During an interval of half a minute, as was indicated by the alarm clock, he dreamt of very complicated occurrences which would in reality have required days and months to transpire: He was indicted, brought before a judge, went through the horrors of a trial and finally heard the tolling of the poor sinner's bell that summoned him to death—all in a few seconds! The dreams of a night, if they could be recorded, might make a work of twenty volumes, perhaps the size of an encyclopedia. I even doubt whether twenty volumes would suffice.

So fast speeds the train on the psychic railway when the engineer we call consciousness leaves the locomotive. The portions of dreams that we retain are the experiences of dream seconds and only those penetrate consciousness that are so rightly endowed with emotion that in spite of all restraints they rouse the excited consciousness to waking. Waking is a warding off of the dream thoughts. I awake because I am tired of the play of my fantasy, because the inhibitions, active in dreams as well as in the waking state, are lifted and I fear (even in my dream) to go the limit. The recollected dream is only a drop rescued from a sea of unconscious ideas, a drop into which all the rays of consciousness penetrate so that it scintillates with unreal color.

The brain does not rest a second during sleep. From the work of day it goes directly to the tasks of night. But there is always work to be done. It is known that scholars have found in their dreams the solution for difficult problems. We know, for example, that Goethe composed poems in his dreams and would get out of bed in a dreamy condition and commit them to paper in this

sort of twilight of consciousness. Nay, more; in our dreams our brain is [?] in touch with the whole world, as is proved by the undeniable facts [?] of telepathy.* We dream a rosy dream full of magnificent pictures. Suddenly there is a knocking at the portals of our soul and a message is brought us that somewhere a dear friend is struggling with death. We see a sick-room, we see him on his bed, we see the physician and awake with palpitating heart, make a note of the dream—and in a few days a letter arrives telling us that at the very hour everything happened exactly as we dreamt it.

Although this phenomenon was formerly looked upon as a wonderful thing, the discovery of wireless telegraphy has made it intelligible. But who can tell how many such messages we receive that do not find an entry into consciousness, how many we absorb without taking cognizance of them, how many such wireless telegrams from all over the world we fight against, so that in the morning we awake exhausted from having fought all night against these evil influences? Oh, there are still many wonderful things in the wonderland of dreams whose solution will be matter for the future.

V.

I leave this interesting theme, notwithstanding that it merits fuller treatment, for the consideration of another line of argument in support of my hypothesis. I mean the disease from which so many people suffer in these warlike days—*insomnia*. I have tried to show that sleep ensues when the unconscious is more powerfully charged with emotions than consciousness, when the primitive man is stronger than the civilized man, when the unconscious interests force the conscious ones into the background. It ought to be clear now that one cannot sleep when consciousness is more strongly charged with emotions than the unconscious. At this point the subject of attention demands our consideration. Interest and attention are affects, *i.e.*, emotional forces. The greater the significance of the emotions of consciousness, the more difficult will it be for the unconscious to intrude and assert itself. There are individuals who can fall asleep any moment during the day and who need very much sleep. These are really those disappointed ones who take refuge in the world of dreams or who are overcome

* [It is with regret that I must record my disagreement with the author as to the "fact of telepathy." No other psychoanalyst, as far as I know, has found any evidence in dream analysis of the truth of telepathy. For Stekel's evidence the reader is referred to his book, *Die Sprache des Traumes*.]

by the world of dreams because the psychic pendulum swings toward that side where greater pleasures are. If life has disappointed us, dreams compensate us for the lost hopes by excessive fulfillment. The greater a person's interests are the less power does the unconscious have over him. For this reason—and only for this reason—do the highly intellectual, the finest flower of mankind, sleep very little. For them sleep is time lost although we know that the brain does not rest during sleep and works unceasingly, continues the work of trying to solve the day's problems notwithstanding that all the devils of an inward hell seek to hinder it. Intellectual workers need little sleep! From my viewpoint that means: they need only little change. But their consciousness is so richly permeated with emotional forces that they gladly renounce the joys of the dream world. And on the other hand, we shall understand why persons who have great worries or who take a great interest in the happenings of the waking day, find no sleep.

Before I discuss *the causes of sleeplessness* I must describe just what we mean by sleeplessness. There are people who say that they suffer from insomnia—because they can't sleep more than five hours quietly and soundly. Others say that they haven't slept an hour in the longest time. A third group describe themselves as poor sleepers because they never sleep the eight hours they prescribe for themselves. *Oh, those ominous, constantly repeated, everlastingly preached eight hours! This stupidest of all rules!* How many persons have I not encountered who were dreadfully unhappy because they could not enforce the eight hours sleep prescribed by hygienists! How many have I not seen become ill because they were afraid of becoming ill because of sleeplessness! Some day someone ought to write a book about the evils brought into the world by the rules of hygiene. Only the little man is so bold as to attempt to impose rules and laws on nature's tremendous disposition to variations. The tyranny of a falsely-conceived hygiene, the social imperative: "that is healthful!" and the fear of the thunderous: "that is harmful!" convert proud mankind into a horde of cowardly slaves. I know unyielding masters of men, psychic anarchists, who collapse when confronted with a rule of hygiene. But I am wandering from my subject.

How long should one sleep? There are people who need an enormous amount of sleep and who assert that their nerves require it. They are tired and sleepy and always in want of more sleep.

But in the morning they always wake tired. These are the neurotics whom I call the "oversleepers," persons who are not contented with life and who take refuge in the world of dreams. Often they struggle all night long with temptations and work themselves into such a state of fatigue that in the morning they awake as if they had been racked and go to their daily work with a dull and preoccupied mind. It is absolutely untrue that long sleep strengthens the nerves. On the contrary: a nervous person ought really to avoid sleeping too much inasmuch as his nervousness is due to the fact that he lives in a state of intense conflict between the claims of civilization and the urge of his natural impulses. During the night 'the other self,' whom he had with difficulty suppressed during the day, awakes in him. Experience shows that such persons feel much better if they sleep less, and often feel much fresher after a night spent in pleasant company than after a night in which they had slept ten hours.

This bit of wisdom was known to Fischart:

"There never was a man of brains
Could slumber soundly all night through;
The man who sleeps too well awakes
To wonder what the deuce to do." *

Even Homer knew the harmfulness of too much sleep. In the fifteenth book of the *Odyssey* the swineherd addresses the following words to Odysseus (disguised as a beggar): "No one compels you to go to sleep early' much sleep, too, is injurious."

There are no hygienic rules applicable to all persons. What is good for one may prove harmful to another, and vice versa. This is as true of sleep as of anything else. Every individual has his own sleep requirements! We know that brain-workers need less sleep than persons who work with their muscles. Virchow, Mommsen, and Goethe needed very little sleep. We know that Virchow, who combined a rare intellectual vigor with a good old age, could not sleep more than four hours a day and yet felt perfectly fresh and well. Others need somewhat more sleep. But I have found that persons of mental alertness whose brains are busily employed during the day have enough with an average of six or seven hours' sleep. In youth more sleep is needed than during maturity. Children are very much like dogs in that they sleep away a large part of their lives. But even here great variations are met with. Bright, lively children sleep less than is agreeable to their

* [Translated by my friend Mr. G. Schulz.]

parents and never at the time they are commanded to do so. There are children, of course, who suffer from insomnia at an early age, —a theme on which I have written at great length in my book 'Nervous Anxiety States and Their Treatment.' Very often the causes for this sleeplessness are bad impressions, very faulty bringing-up, improper caresses on the part of the attendants, and prematurely aroused sexuality. Many a case of sleeplessness in children is miraculously cured if the little ones are banished from the parental bedroom into one of their own or if the attendant to whom the child has been entrusted is changed. [Young children should not be permitted to sleep with or be bathed by servants.]

The older a person gets to be the less sleep does he need. I must at once supplement this with the statement that this is the rule, but that even as regards sleep there is no rule without exceptions. There are aged persons who need very much sleep. There was a celebrated northern mathematician who in very advanced old age was capable of solving the most complicated problems but who, for all that, worked only a few hours a day; the rest of the day he slept. But for the vast majority of persons it is the rule that they need much less sleep than in youth. Alas! many old people refuse to be reconciled to this fact and continually try to enforce the sound sleep of youth. They resort to all sorts of hypnotics and make themselves *sick in the constant striving for perfect health*. In this way they develop a kind of apprehension neurosis with respect to sleep which I shall describe more fully later. Old people really need less sleep. Their organism functions much more slowly and does not require such long periods of rest.

Even more distorted notions are current about the sleep requirements of nervous persons. Many neurotics assert that they must have at least eight, ten or twelve hours' sleep if they are to feel well, and that unless they get this they are unfit for work or anything else. Why, Professor Schleich of Berlin publicly advocated the *sleeping cure* for neurotics and I was compelled at once to teach him the error of his way. There is nothing more harmful for a neurotic than too much sleep, and some cases of nervousness can be cured by inducing the sufferers not to make 'oversleepers' of themselves. Persons who sleep too much awake tired and listless in the morning as if they had not slept or rested enough. They are still under the influence of the impressions of the night and do not feel like themselves again until evening. The remarkable phenomenon reported to us by many neurotics

that they lose their headaches and feel better only towards evening depends upon the facts I dealt with at the beginning of this essay. These nervous persons love to flee from the world of realities so painful to them into the world of dreams where the quick play of fantasy admits them to all the possibilities that are locked from them during the day. There they are valiant heroes, celebrities. There the philistine business man is transformed into an elegant Don Juan, the modest housewife into a passionate Messalina. But criminal impulses also awake which during the day slumbered timidly behind the bars of consciousness and before which law and morality stood on guard with flashing swords. Murders are committed that lead to tedious legal procedures; violent solutions are found for insoluble problems and many a Gordian knot of actual life is severed with the sharp sword of action. Conflicts are ended before whose significance timid consciousness must close its eyes if it would not give up the sleep it had with difficulty induced.

During the night we contend with our temptations. Ethical restraints and sinful temptations are in unceasing conflict; there is a hurly-burly until the morning snatches us out of this witches' caldron and summons us to new tasks. The more nervous one is the deeper do one's conflicts go, the more violently rages the conflict between instinctive urge and inhibition. *The neurotic must not sleep too long*, he must not give himself up to so many hours of unrestrained impulses or he will find it very difficult with the coming of day to find his way back again into the world of realities. Many a one is led by his dreams into the paradise of childhood. ("For every pleasure craves for eternity, deep, deep eternity," says Nietzsche.) Anon he awakes and is expected to resume his daily cares; and he requires something that will serve as a transition into the waking life. . . . His unconscious longings, emboldened by his long sleep, press forward but consciousness forces a hand around his forehead which he feels as a 'pressure about the head' or even as an iron band encircling his head or as a heavy iron helmet crushing his head earthward. Consciousness keeps them all back, the stupid, vain wishes, and the head enjoys apparent peace; but in the depths of the soul it still roars and rages and the waves of excitement have not yet subsided and spread their vibrations ever farther and farther. It is not until nightfall that the neurotic's soul becomes calm and can reflect the image of the real world. That is why nervous people want to—and should not—sleep so much. It is a false instinct that

drives them to it. At bottom it is a craving for pleasure and a flight from realities.

Neurotics vacillate between the two extremes: morbid drowsiness and sleeplessness. If one would get an idea of how prevalent insomnia has become one need only take a look at the list of new hypnotics. Their number is legion. In hygienic matters too the supply is governed by the demand. And how enormously has the need for hypnotics risen in these stirring warlike days! An apothecary assured me that in 1915 he sold four times the quantity of hypnotic drugs that he sold in times of peace. I have thus indicated one of the causes of sleeplessness: *mental excitement*. The emotion may be that of hate, love, fear, pleasurable anticipation, etc. ; it does not matter which. Any emotion can make us sleepless. Some years ago a high court officer shot several members of a well-known family. A week before the shooting he had consulted a physician about insomnia. The physician was a poor psychologist; he should not have been content with merely prescribing a sedative; he should have investigated what emotions had disturbed his patient's psychic equanimity. He might have been in a position thus to discover the hideous purpose, which might possibly have been dissipated by a frank discussion.

Most persons do not know why they cannot sleep.* It is incredible how stupid human beings are and how little they know themselves when it comes to a knowledge of the causes of their afflictions. A merchant came to me complaining of sleeplessness and asking for a hypnotic; he is so nervous, he said, that he can no longer sleep. He does not know why he cannot sleep. The cause of his insomnia proved to be that he was on the verge of bankruptcy but would not acknowledge this even to himself. During the night these worries arose in his mind against his will even though he sought to banish them and succeeded in not thinking of his business; but in consequence thereof these forces proved to be so much more disturbing behind the scenes of consciousness and interfered with the sleep in which he would have wished to forget his painful situation. All unsatisfied wishes of an erotic nature prove similarly exciting. A goodly portion of the people who cannot sleep are hungry for love or feed on false love. Examples of this are endless in number. How often do we hear a sleepless man say that the cause of his insomnia cannot be of an erotic

* [One of my girl patients, a hysterio-epileptic, could not 'go to sleep' until 3 or 4 A. M. because of her fear of manifestly sexual dreams and because to her the phrase 'to go to sleep' was a euphemism for coitus.]

nature for he is happily married, has a beautiful wife. . . .” And yet, carrying our investigations further, we find that his desires are traveling a forbidden road, that he is possessed by rebellious wishes which he dare not acknowledge. How often in such cases is the sleeplessness referred to external factors! This one cannot sleep because he is disturbed by the noises in the street, because the neighbors are always banging the doors, because a room-mate snores, etc. There are all sorts of strange types! I know neurotics who have made their homes ‘noise proof’ by means of such thick walls that no echo can penetrate them. The room opens on a quiet garden and the windows are hung with heavy tapestries. Everything is so arranged as to deaden sounds; in addition thereto this enemy of noises employs an antiphone (an apparatus that closes the external auditory canal air-tight) and yet the humming of a bee or any other noise wakes him. These persons are fleeing from the voices within their own breasts, voices which they project outward. Persons who are sleepless because they cannot bear to hear any noises, who are wakened by every sound, are in conflict with temptations, phantoms and reproaches which rise out of the lava flood within themselves and make them tremble. They behave like the inhabitants of a volcanic region who fear the thunder and the lightning when the earth that bears them trembles and shakes.

VI.

The *varieties of sleeplessness* are numerous. Some fall asleep easily but awake quietly out of a fearful dream, their hearts palpitating, the body bathed in perspiration, and unable to fall asleep again. Others can’t fall asleep at all, hear the clock strike hour after hour, and, trembling with fear, ask themselves whether they will find no relief and will not be able to sleep at all. Finally, towards morning, about four or five o’clock, they fall asleep and sleep until late in the day. This affliction has a great tendency to get worse and worse. These sufferers fall asleep later and later and also awake later. If this malady strikes a rich man it may ultimately go so far that the invalid sleeps all day and makes day of night. There are good reasons for this. Night is the time for crimes. In the dark all those evil instincts are active with which man has to contend. [In this the psychic world resembles the outer world.] The conscious knowledge that it is day encourages these people to sleep; whereas the fact of its being night robs them of sleep. These cases of sleeplessness can be cured with an iron fist if the patients are compelled to jump out of bed quickly

early in the morning. This is followed by a few bad days but gradually the desire for sleep prevails, especially if we succeed in finding the source from which the affects are fed and in diverting the rebellious currents. Then there is a return of gentle, healthful sleep of which many who have been disappointed in life say that it is the greatest blessing life has to offer. [So, for example, the conscience-stricken Macbeth who has sold his soul for earthly glory, extols sleep in the following undying words:

The innocent sleep,
Sleep that knits up the ravell'd sleeve of care,
The death of each day's life, sore labor's bath,
Balm of hurt minds, great nature's second course,
Chief nourisher in life's feast.]

Inasmuch as any emotion may produce sleeplessness, the present war must be a great enemy of sleep. In war we are all in a state of heightened affectivity. The dominating emotion is one of anxious anticipation because our whole existence, all our feeling, the welfare of the smallest and the biggest, is wrapt up in the issue and because war means a playing with the highest stakes; and even the utmost confidence cannot prevent worry and apprehension sneaking into our hearts. The number of those who nightly stare into the darkness and tremble for the welfare of brothers, fathers, husbands and friends is countless. Countless too are the hearts so wrapt up in the cause of their country that they sacrifice priceless hours of sleep in anxious anticipation of the outcome of "the great madness."

Let us consider how many people throughout the world now cannot sleep and toss about on their pillows in feverish excitement and aging care. We are in the habit of saying that wars cost treasure and blood. We do not consider how much sleep they cost us. Were it possible to calculate how many hours' sleep humanity loses we should find that they run to an enormous number, probably billions. Were we to ask our friends and neighbors about the matter we should surely hear the complaint that they too sleep little. We are all in a state of heightened irritability. Our emotional life is in a state of constant excitement, and emotions are very poor hypnotics. Only an excess of excitement can retransform the irritation of the brain cells into a paralysis and enforce sleep. So soldiers sleep amid the thunder of the cannon; so Flaubert's hero (in *Salammbô*), having conquered his beloved after a long and arduous conflict, falls sleeping at her feet. But

such sleep is very exceptional; the rule is a distressing sleeplessness. Thus, for example, a battery commander, distinguished with the highest honors, assured me that in the first three months of the war he had participated in twenty-nine engagements and had never known the taint of fear. Notwithstanding this, he could not sleep during those three months. The familiar signal to break up camp continually rang in his ears; in his dreams he recalled orders he had failed to carry out; he dreamt that he was in the conflict and was being overcome; in short, he awoke again with palpitation and had to be sent home for a few weeks so that he might get some sleep.

It is a characteristic symptom of war neurosis and war psychosis that in addition to great weakness, irritability, weakness of will, and a lachrymose disposition these soldier-invalids complain of sleeplessness. The insomnia is so obstinate that it defies the ordinary remedies and improvement can be brought about only if the hours of sleep are regulated. At first the patients sleep only a few hours and then a little longer until finally they sleep five or six hours—which may be regarded as an excellent result.

An intelligent patient described his condition in these words: "Yes, doctor; that's the hell of it! When one wants to sleep and dare not! The eyes get small, the head seems to shrink and one feels a kind of giddiness. But then you suddenly start up and say to yourself: 'for God's sake! Surely you won't sleep! Think of the responsibility!' I began to pinch myself and to tear open my eyelids, to think of something special, to stretch my limbs and go thru gymnastic exercises. At last the time comes and you are relieved. Only a few minutes more and you sink into a leaden sleep. But it is even worse to lie all night with eyes open and not be able to fall asleep. My most recent experiences then pass before my eyes like the pictures in a book and always come back to the same point—the time when I was wounded. A ramble of ideas which keep going around in a circle and always come back to the same point. During these sleepless nights I have worked out an explanation of the phenomenon. I don't know whether it's right—but it seems all right to me. And that's the essential thing. When I was wounded I looked death in the face. I stood at the portals of the great sleep. Now I notice that my excitement is really a secret, hidden fear,—a fear of the deep sleep from which no one wakes. Sleep is the twin brother of death, they say. Well, I fear to fall asleep because I was face to face with his brother. It is the instinct for life that does not let us sleepless ones sleep."

VII.

Is it true that these people do not sleep for months or are they mistaken?

It happens not infrequently that persons go to a physician complaining that they had not slept for three months, hadn't closed an eye; they can't stand it any longer. Others even speak of 'half a year' and even longer! In all these cases it is a matter of self-deception. There is no such thing as absolute sleeplessness of such long duration. Persons who really do not sleep would go to pieces after a few days because our organism requires sleep to enable it to repair the chemisms of the day during the slowing up of the metabolism in sleep.* But we must not go to the opposite extreme and think that lack of sleep may not result in grave disturbances. One of the reasons why some persons become exhausted early in life may be the fact that they revel too much in the joys of night-life, sacrificing many hours of sleep for the sake of their imagined pleasures, and thus robbing themselves of the absolutely necessary minimum of sleep. Every man has a maximum and minimum sleep requirement, according to what his needs may be. (If I sleep more than 6½ hours a night I must pay for it with an attack of migraine the following day. I really need only five hours. But these five hours I must have.) But there are foolish people who begrudge themselves their minimum because they are always on the hunt for pleasure or because they want to finish something they are doing. They inevitably pay for it in some way. Persons who do not have their necessary minimum of sleep age rapidly and look haggard and (so my experience teaches) tend to hardening of the arteries. Of course I do not mean by this that a single night wasted in dissipation is injurious. In fact such a change now and then may have a refreshing effect. A healthy organism soon makes up for the lost hours. So persons who have been in Arctic expeditions report that in the land of perpetual day they felt almost no desire for sleep but made it up afterwards.

Sleeping too much is also not good for the organism and begets disturbances in the physiological metabolism. It leads to sluggishness in certain organs, thickening of secretions and other disturbances.

Not without right do some French scientists attribute obesity,

* [I have seen the statement made that if a human being had no sleep for ten or twelve days he'd become insane. What evidence there is for this I do not know.]

the formation of all sorts of calculi, etc., to too much sleep. It is my conviction that *gallstones*, *renal calculi*, and *migraine* bear a certain relationship to long sleep and I explain it on the theory that as a result of the congestion occurring in different places there is more easily brought about a precipitation and accumulation of the waste products of metabolism. But the organism gets along better with excessive sleep than with absolute and prolonged sleeplessness. All those people who tell us that they had not slept for months deceive themselves. As proof of their statement they claim to have heard the clock strike every hour. This may be true, but they have slept all the time between the successive striking of the clock. And others believe that they do not sleep and yet sleep lightly; in these cases the fear of deep sleep seems to be the essential factor. They do not want to lose control over their dream thoughts. They sleep, as it were, under the sovereignty of consciousness.

We overestimate the results of nervous sleeplessness. The *fear of insomnia* is often only a mask and conceals a *fear of sleep*. That too speaks for my hypothesis that there are very many people who fear sleep. We come across invalids who fall asleep and then awake as if they had experienced an electric shock. They dream that they are falling from a great height, plunging into a yawning abyss. Many neurotics [and normals] complain of this nervous start, of this feeling of falling.

That person is nervous in whom the conflict between the cultural and the primitive rages strongest, in whom the psychic tension between consciousness and the unconscious is unbearable. That person is healthy who has found the balance between these two forces.

Falling in a dream (of which neurotics complain) represents the fall from the cultural man's altitude into the lowest depths of primitive man! The ancient myth about the sinful fall of the rebellious angels repeats itself every day. Consciousness is the Archangel Michael who precipitates the ministers of darkness into the depths of night with his flaming sword. The further culture has progressed, the more strongly do the restraints of waking life manifest themselves in the dream and the less must our sleep requirement become. That we sleep less now proves that we need less, that our 'other self' is weaker and that mankind is progressing towards an evolutionary stage which we (being in the conflict of transition) can glimpse only darkly. But from the far distance a gleam of light like the rising sun, meets our eye. . . .

In many cases of sleeplessness there results a remarkable condition in which the idea 'I will not be able to sleep' (and shall look bad the following day) crowds out all other thoughts. In these cases we are really dealing with a compulsive idea which usually serves to replace other, much more significant thoughts. All day long these neurotics think of sleep and apprehensively await the coming of night in trembling anticipation, thinking: "shall I be able to sleep to-night?" Obviously this sort of self-observation disturbs the physiological process of falling asleep. They begin to torture themselves the moment they strike the bed. They go through quite a complicated ceremonial. There are certain foods that make them sleepless and certain books that they ought not to read; there are certain persons whom they must not see and others who exert a beneficial influence. Fearing that they won't be able to sleep, they almost invariably insist on taking their ever handy sleeping potion [though it be only a glass of malted milk]. It must be emphasized here that persons suffering from this kind of insomnia always feel a desire for sleep. They suffer more from the idea of not being able to sleep than from sleeplessness. Physicians and patients are all too little acquainted with the fact that compulsive ideas serve the purpose of keeping the brain continually occupied so that it can't think of other things. *E.g.*, a woman is sleepless and suffers constantly with the compulsive idea, "you can't sleep and will look haggard and old to-morrow." And yet it is quite a different thought that torments her. Her husband is at the front and ostensibly she is fearful for his life. But her heart is another's. What a terrible conflict for a weak, frail woman! Where shall she get the courage to see the facts in all their hideous truth? Can she acknowledge that a gentle, far away wish desires the husband's death or at least considers the prospects of what might happen if her husband died? She therefore clings to the one thought, 'I can't sleep!' It fills all her thoughts and permits no other thought to enter her mind. It is as if a voice kept up a constant din in one's room so that one could think of nothing else but to remove the disturber. But with this difference: that a compulsive idea is an impertinent intruder that will not be overcome by brute force. It is much more likely to yield to gentle persuasion and will most certainly do so after a *satisfactory explanation*. The light of knowledge banishes the worst criminals searching our souls for treasures during the night.

It is very funny to hear people speaking about the beneficial

effects of sleeping before or after midnight. It is immaterial when a man gets the sleep that he needs. There are a great many people, *e.g.*, bakers, watchmen, postal clerks, printers, street cleaners, etc., who must sleep during the day. An extraordinarily large number of these are quite healthy and robust. I have already mentioned the neurotics who are afraid to sleep at night. They constitute a peculiar type. They spend the whole night sleeplessly and fall asleep on the appearance of the first streaks of dawn. These are people who are afraid of the dark because night is the realm of crime. ['When the tender eye of pitiful day is scarfed up, night's black agents to their preys do rouse,' says the greatest of poets.] During the night the repressed desires and restrained longings awake in them and only the light of day gives them the assurance that they will not carry out all those dark plans that slumber in their breasts. It is more a bad habit than a disease. For I have already said that in such cases the physician's duty is that of an educator. If he consistently and obdurately insists that these persons must be awakened in the morning and go to work, whether they have slept or not, after a few restless days the organism will demand its rights and they will fall asleep at the proper time. This kind of insomnia is therefore only a fear of sleep. For there are persons who commit crimes while in a dream-like state. That is what these people fear. They fear to lose their souls in a dream!

I must narrate an example showing how the fear of sleeping at night may originate. Experience teaches more than all theories and speculations. A single case from one's practice puts all theories to shame. I shall speak now of a man who for some five or six weeks was unable to fall asleep, finally fell asleep at half past three in the morning, awoke after four hours fatigued and worn as if he had been on the rack, and then resumed the monotonous duties of an office employee in a small factory. To put it briefly: I ascertained that the cause for this insomnia was the thought of poisoning his wife and two children with illuminating gas. The man was ambitious, temperamental, self-willed, but because he was married he had to submit to the strict discipline of daily labor of a poorly paying kind. He had not married his wife out of love but because of the consequences of a momentary indiscretion. The girl's brother, revolver in hand, compelled him to marry her. So that now this compulsion was avenged and the man treated his wife and children badly and had only one thought: "If I were unmarried and unsaddled now I'd go to America and start life

anew." Illuminating gas was to bring him 'single blessedness.' Suddenly he asked his wife to have gas installed in their home. On that day his insomnia began. Ten times a night he rose out of bed to assure himself that the gas was tightly shut off and that the meter was closed. He did not know that he was playing with crime because the criminal thought I have mentioned had rushed through his brain in a second ("like a flash"). During the night the criminal awoke and the moral man stood on guard. But he was unacquainted with his inner self and only after my explanation did he learn to know the criminal living within him, and understand the conflict between this one and the moral personality. The conflict ended with the subjugation of the criminal instincts. He submitted to the modest reality and renounced his ambitious plans. The difficult educational task of the analyst was crowned with perfect success and gave back to the sufferer the healthy sleep of former days.

I have already spoken of persons who fall asleep easily and then awake frightened. They have the feeling of having fallen from a great height or of having fallen into a fearful depth. The awaking from such a dream with palpitation of the heart often gives us the well-known picture of a nocturnal attack of apprehension. These persons have the feeling of being face to face with destruction. They anticipate immediate death and the heart beats as if it would burst. Usually they implore those present to summon a physician. The love of life and the fear of death go hand in hand and beget the clinical pictures we are familiar with. But sleep may be disturbed not only by attacks of palpitation but also by chills, imaginary fever, and asthma resulting from unconscious emotional causes. In this way a peculiar kind of insomnia is brought about in which the patients fall asleep and awake with a cry of terror after five or ten minutes. This may be repeated many times during the night. The transition from the conscious into the unconscious mental life does not succeed because the moral restraining forces are too strong, because the fear of one's own thoughts is changed into a fear of the [criminal] deed. The fear of burglars and robbers too may easily be combined with the fear of noises and may become a cause for sleeplessness. The fear of criminal intruders often masks the fear of unrestrained desires as to which we easily assume that they have forced an entrance into our souls like overpowering strange forces. Naïve human beings have always believed themselves possessed by demons when they

obeyed the dictates of passionate impulses. We always like to ascribe what proceeds from within ourselves to external agencies, and many mental diseases in which the sufferers hear voices and complain of being persecuted are nothing but the successful projection outward of internal processes.

The *fear of noises* may be explained in the same way. In proof of this statement I shall quote the following case from my own observation: An old man complained that he could not fall asleep because two giddy young fellows lived above him who were in the habit of coming home late every night and to bang the doors so loudly that they awoke him. Of course that always made him very angry and then it was all over with his precious sleep. But the analysis discloses that these young men reminded him of something he did not wish to think of. He had a frivolous son who always came home late, was addicted to card playing, had defaulted with a large sum of money belonging to the bank where he was employed and finally had fled to America. This son had besmirched his good name. He was dead to him and no one was permitted to say anything about his son to him. But the memory manifested itself in this form and gave witness to his apparently buried love and longing for his lost son.

Much might be said about obsessive words that disturb sleep because of the affect behind them. What a multitude of men do I see who do not want to know themselves! The man who lies abed at night for hours repeating to himself the 'meaningless' word "mimicri" and does not know that he is really thinking of his bride, Mimi, whom he had forsaken. Then there is the man who repeats the senseless word "mortateller" a million times without realizing that he is thinking of poisoning someone. [Mortateller = Mort (death)-a-teller (plate)=death on a plate.] This is the name of a bologna. An acquaintance had poisoned himself with a mortateller which almost cost him his life. He was struggling now with the temptation to poison someone close to him. There are more secret poisoners among us than we would like to admit. . . . Other patients have told me of senseless compulsive actions that won't permit them to sleep. I know nothing meaningless in the psychic life! The stupidest words that one keeps repeating to himself mechanically and which do not permit one to sleep, by whose repetition one tries to enforce sleep, represent important internal conflicts, represent a severe 'psychic conflict.' Gestures that a sleepless one must repeat before falling asleep betray a

rudimentary representation of an unperformed action to the execution of which the neurotic lacks the 'robust conscience.' Every gesture is a symbol; behind every thought, every movement, every impulse there lurks a passion. Melodies that haunt us contain warnings, threats, [or consolation]; verses that suddenly come back to us represent fragments of our lives' tragedies. Examine as many cases of insomnia as we may, we must reach the conclusion that it is emotions that do not permit persons to sleep.

[Insomnia is not always due to unconscious psychic processes. A woman, recently under my observation, suffered from a most distressing inability to fall asleep before four or five o'clock for fear of dying from heart disease. She had recently had her first attack of angina pectoris and had overheard her physician say to her landlady that some night she would die in such an attack!]

VIII.

Turning now to the treatment of insomnia we must first direct our attention to the physiological factors that conduce to good sleep. I have already pointed out that the body must not be laced tightly or constricted, must be comfortable and must not be too warm or too cold. The bedroom should be properly ventilated. Heated rooms are an abomination as sleeping rooms. The heat must come from the bedding, not from the air. As to these things there are usually no great difficulties. But in spite of all these measures there are many cases in which sleep does not set in if the intensity of the affects keep up a lasting excitation of the cerebral cortex. That is the time when many persons resort to hypnotics.

It is a mistake continually to think about one's sleep, anxiously to measure out a certain number of hours of sleep for oneself and to go to bed with the question: 'Shall I sleep to-night?' Very often this question masks a fear of sleep and of dreams. Such persons do not want to know themselves and want to sharply delimit the conscious from the unconscious world. They resort to hypnotics that wholly stupefy them. Unfortunately the taking of hypnotic drugs is the real beginning of bad, pathological insomnia. Till now these persons were able to get along without hypnotics; they soon become accustomed to the drug and the organism demands its daily narcotic. They soon develop a fear of not being able to sleep without the narcotic. Then the dose of the medicine must be increased and thus the insomniac becomes a drug fiend. Whereas formerly there were only 'morphine fiends' we now have addicts who year after year take incredible doses of

veronal, sulfonal, adalin, bromural, bromidia, luminal, trional, paraldehyd, chloral hydrate, codeonal, hypnoval, somnos, etc. This forcibly induced sleep does not fail to injure the organism for, after all, these drugs are all more or less toxic and may lead to chronic toxemias and serious damage to the whole organism.

[One of the most important and most frequent causes for sleeplessness is the lack of *proper* sexual gratification. Very often persons refrain from sexual intercourse or onanism from all sorts of motives, economic, hygienic, ethical, esthetic, religious, medical, etc. This, if persisted in long enough, surely results in sleeplessness. The sovereign remedy for this kind of insomnia is obvious.]

Anyone who has followed my thesis attentively must have learned that it is affective tension that does not let persons sleep, that insomnia may spring from a fear of sleep.

Sleepless persons are not well psychically! Their sick souls have to be healed. Let every sleepless one examine himself and sound the depths of his heart! Only self-knowledge can cure. Only he who sees can free himself from his affliction. The unseeing one contends in a dark chamber with an invisible foe....

This is a funny world in which we are constantly enacting a comedy! It is full of spiritual cripples who haven't the courage to know themselves and to say to themselves: 'you are contending with evil!' [So thoroughly subservient to the wills of others are they that they dare not even call their emotions their own.] They prefer to flit from physician to physician and enrich the pharmacists, [osteopaths, chiropractors, Christian Scientists, etc.], ruin their bodies [and stultify their intellects] rather than admit to themselves that they are unhappy. Here we have an infatuated woman who longs for another man than the one who keeps and feeds her; here a virgin maid who consumes herself in longing for the fulfilment of burning desires; here an 'ideal' husband pining for a new love-object. They are all unable to sleep and lie in their beds staring into the darkness of the night (as if they wished to read the future there), complain about indigestion and faulty metabolism, keep watching their heart beat, feed themselves with all sorts of sedative drugs and refuse to know what really is the matter with them.

Most of the unhappiness in the world is due to this not wanting to know, this not being able to see, this not daring to think for oneself!

Man must have the courage to look Medusa in the face.

But enough of this! If I continue in this vein I shall assume the rôle of priest or prophet. The old aphorism "a clear conscience is a soft pillow" contains the whole theory of sleeplessness. Happy persons never complain of insomnia.* It may happen occasionally that they pass a sleepless night from pleasurable excitement but chronic insomnia they will not know.

It is clear then that only rarely will the apothecary supply the means against sleeplessness. Now and then the physician may have to prescribe a sedative. But that is to be left to his judgment.

IDOLISM.

Dr. Charles R. Mabee (*Nature Suffrage*) defines idolism as an organic disease characterized by lesions within the centers of equilibrium. The condition is acute or chronic, acquired or hereditary. The acute form assumes the nature of an epidemic during religious revivals and reform waves. The chronic form is usually due to continued residence in communities given over to idolatrous revelry. The disease does not materially affect metabolism, but the hallucinations which accompany aggravated cases of idolism are analogous to those present in chronic morphinism, chronic alcoholism, hysteria, hystero-epilepsy, cerebral tumors, delirium tremens, and alcoholic neuritis. Patients suffering from idolism and tuberculosis each possess the idea that they do not suffer from their respective diseases. Thousands of business men are sane on all other subjects except idolatry. Many of these are so absorbed with business and family affairs that they have no time to read or reflect, but when truth is presented to them, their mental equilibrium is so disturbed, that they prefer to accept totally unsupported statements of strangers, rather than well supported statements of friends. Patients suffering from idolism and insanity are easily irritated, and always invariably turn upon their friends when their sanity is questioned. This characteristic is present in all forms of insanity, but is especially marked in cases due to idolism.

In his practice of medicine the author has found that idolism does not yield readily to treatment. In cases where by educational treatment the patient can be aroused from his stupor the chances for recovery can be considered fair, but no hope should be held out where the mind cannot retain the laws of nature without producing a nauseating effect. In such cases the disease usually runs a chronic course.

* [This is true, of course, only if we exclude organic affections.]

Translations, Abstracts and Gleanings

NOTES ON ILLEGITIMACY.

The Hopis, a Pueblo tribe, are monogamists. Sexual freedom, however, is permitted to a girl before marriage. This in no way detracts from her good repute; even if she has given birth to a child. "She will be sure to marry later, unless she happens to be shockingly ugly." Nor does the child suffer, for among these maternal peoples, the bastard takes an equal place with the child born in wedlock. (GALLICHAN, *The Age of Mother-Power*.)

... A interesting case occurs in some Californian tribes where the husband has to live with the wife and work, until he has paid to her kindred the full price for her and her child. So far has custom advanced in favor of father-right that the children of a wife not paid for are regarded as bastard and held in contempt. (BANCROFT, *The Native Races of the Pacific States of South America*. Vol. I., p. 549.)

... In Africa, among the Bavili the mother has the right to pawn her child, but she must first consult the father, so that he may have a chance of giving her goods to save the pledging. ... There is no distinction between legitimate and illegitimate children. ... Similar conditions prevail among the Alladians of the Ivory Coast. (DENNETT, *Jour. Afr. Soc.* Vol. I.)

In Rome under the empire concubinage was allowed by law to such persons who were not yet married. Every Roman who had not yet contracted marriage could live with a concubine, and the children of such a union could inherit from the mother, but not from the father, because the paternal inheritance belonged to the "familia" and for entering into the familia the woman as well as the children had only one legal means, namely marriage. By a senatus-consultus of Honorius and Arcadius the legitimation through subsequent marriage was legitimized. Consequently a legal "familia" was created; the children were legitimized through a subsequent marriage as in France to-day natural children are legitimized by a subsequent marriage. But this could not be done with the offspring of adultery. Only persons united in concubinage and later married could legitimize their children.

During the middle ages the natural child was related to nobody in the family; when a natural child died, the State was his heir.

During the French Revolution the equality among all children was established. The Convent decreed that all children, whether legitimate, natural, or the fruits of adultery were equal and had an equal share in the inheritance of their parents.

The code Napoléon abolished the search for the father (*la recherche de la paternité est interdite*) and allowed legitimation by subsequent marriage.

The German law allows legitimation under the condition that marriage will follow.

The English law since Elizabeth is very rigorous and forbids absolutely legitimation by following marriage.

The Russian law allows that natural children are legitimized by the marriage of the parents.—[The Russian Law! Which?]

The French law of December 31, 1915, legitimizes all children that are born from adulterous intercourse “*pourvu qu’il n’existe pas au moment du nouveau mariage d’enfants ou de descendants légitimes issus du mariage au cours duquel d’enfant adultérié est né ou a été conçu.*”

The opponents of this law say that this law is not only bad (“*mauvais*”) but also not clearly formulated (“*pas très claire*”). (*Une Loi Contre la Famille. Reforme Sociale, Paris, 1916.*)

One of the most pressing questions that we shall have to face in the present state of social awakening is the relationship of the State to the unmarried mother and her child. . . . Illegitimacy has a far closer relation to the racial wastage which it helps to feed. . . . In 1910 there were 37,509 illegitimate children born in England and Wales and 8,472 in Scotland—that is to say, about one million of these children are born in this land in a single generation. In England still-born births are not registered; were these recorded the illegitimate birth-rate would be much higher than these statistics show. In those countries where the records are kept, the number of still-born, illegitimate births is always high. Take Germany, *f.i.*, were there are more than twice the number of still-born illegitimate than still-born legitimate children. . . . The infant mortality, high as it is for the children of married parents, is doubled and more than doubled in the case of illegitimate children. . . . Three times as many children born out of wedlock die before 18 years of age as compared with those children born under the protection of the law.

In many towns in England the illegitimate infant death-rate is increasing to alarming figures. . . . Great Britain has in each

year 50,000 illegitimate children; Germany 180,000; Austria 120,000; France 75,000; Italy 60,000; Spain 30,000; Belgium 12,000. . . . In the English law illegitimate children have no father. They are *filius nullius*—nobody's children; without kin, they have no rights to inheritance. All through life they are branded. The child in England is not legitimized even on the marriage of its parents. In Scotland where the law is more closely moulded on the firm Roman law than is the English law, this injustice is not found. The illegitimate child becomes legitimate by the simple and natural process of its father marrying its mother. . . . What then is done in England for the illegitimate child? It is little enough. The father if he can be caught and his paternity proved, may be compelled to pay a few shillings weekly to the mother. He must, however, be sued within a year and a day of the birth of the child. If he disappears for that period, as too often happens, he is freed from even this meagre recognition of his responsibility to his child. Under no circumstances can he be compelled to pay more than 5 shillings; this sum is deemed to be sufficient whatever his financial or social status. The payments cease when the child reaches the age of 16, and the law makes no provision that the child must be trained for a livelihood. It is plain that 5 shillings is insufficient to keep a child! . . . Further trouble arises for the mother from the costs and difficulties of the law. First she has to obtain a summons, for which she must pay 3 S. 6 d. with an additional 25 S. for delivery of the summons if beyond the limits of a city or borough. When found, the man is called to appear before the magistrate some time after six days; the interval affords him an easy opportunity to remove to another town or village now that the woman has proved herself "troublesome." If he should answer the summons and paternity is proved, an affiliation order is given. But it has first to be paid for, and it costs 9 S., is obviously often an impossible payment for a destitute and friendless mother. . . . One plain result is that only a small percentage of the unmarried mothers ever apply for alimony. . . . Four weeks are given to the man after the execution of the order, during which time he is exempt from payment, and the burden of the support of the child falls on the mother. It is during these weeks that child-murders, almost invariably are committed. Infanticide is practically unknown in France, where the law prescribes that the state shall give help to all necessitous mothers. . . . Our attitude to the

unmarried mother is very plainly founded on the patriarchal idea of woman as the property of man. . . . To the fine legacy left to us by the Roman law was added a new influence with the growth of the ascetic ideal. For centuries these forces have been at work in this new outlook on moral values. Christianity considered the sexual life as impure; true purity was attained only in celibacy. . . . What the church gave to woman with one hand, it took back with the other. . . . The ancient world had looked on sexual love as a joy and a duty. The Pauline Christianity allowed love as a necessity, but only within the marriage bonds and as a relief against temptation. . . . when woman, outside of marriage became a mother, she was damned without pity. . . . A complete falsification of sexual morality grew out of the ecclesiastical point of view. . . .

In South Australia paternity may be proved before the birth of the child, and when this is done, the father, by order of a magistrate, must furnish security that he will find lodging for the mother for one month before and one month after her confinement, as well as pay for the doctor and nurse, and provide clothing for the child. After the child is born the father pays a weekly sum, at the decision of the magistrate, to the mother for its maintenance. Children are legitimized on the marriage of their parents. In New Zealand an illegitimate child is now registered in the name of the father, when paternity is proved. . . . A strongly marked movement towards reform is evident in Teutonic countries. In Germany alimony which the father is compelled to provide, is understood in so wide a sense, as to include some kind of training to fit the child to earn its own living. And if the child be mentally or physically deficient so as to be unable to support itself, the father must continue his aid for all its life. Again, for every out-of-marriage child there is appointed a *Vormund* or guardian whose duty is to supervise the best methods of carrying out the law. Such guardian is never permitted to be a relative or even a friend of the father. The welfare of the child is the one consideration that matters.—Changes in the law, all favorable to the legal position of the child have been made in Sweden, in Norway, in Russia, in Switzerland. In this last country the bastard has all the rights of a child born in marriage when once paternity has been recognized. A law has just now been passed by the Russian Duma by which the father of an illegitimate child is made responsible for the birth, he must keep the mother until such time as she is fit to earn her own living. In Denmark the father supports the child

up to the age of 18; he provides for the mother for one month before and one month after the birth of the child. In France and in those countries whose legal codes follow the French example, it is legally not permitted to the mother to inquire into the paternity of an illegitimate child. The mother and her offspring are a charge upon the State. This is the case in Spain and Ireland.

In Hungary the State boards out the illegitimate child with a family if the woman has to work for a living. But the mother is encouraged to keep in touch with her child, and if she wishes she can support it at any time. In Austria the law allows the mother who has had several lovers to choose for herself what man she wishes to make responsible for her child. It is interesting to find the same custom among many primitive maternal peoples. Among the ancient Arabs, *e.g.*, where a woman was the wife of several men, she was allowed to decide to which of them her child was to belong.—GALLICHAN.

FRAGMENTS OF CRIMINAL PSYCHOLOGY.

I.

"She was very short, very stout, and she suffered terribly with asthma. She was a most beautiful woman, Doctor, my mother was. We had a painting of her and it stood on an easel, and I used to come and kneel before it and worship it as though it were the picture of a saint, and when the brute ignored her for other women, I killed him."

The inmate was just leaving after having served seventeen years for the murder of his father.

II.

"If anyone should tell you, Doctor, that a father cannot love his daughter with the same love that a man bears for a woman, don't you believe it. I know it, so help me God!" Then he had a fit of coughing which left him very much confused and embarrassed, and it was with difficulty that he resumed the interview. "You see, it was the treatment of her by her step-mother that drew her so much closer and one thing led to another, until-my-God-I was a tiger, and not a man."

Inmate is just leaving after having served a sentence of eight years for the rape of his sixteen-year-old daughter.

III.

"What I objected to most was having my sister take me on her lap and fondle me and call me 'Baby' when I was a big boy,

almost sixteen. They always made me feel that I was not complete." Here he helps himself with his native tongue and says, "Ich war nicht reif. I have always felt that I could never pass my classes as the other boys did, and when my father started me in business, I lost the money and the business. Here in America I am washing dishes, but a thing like me is in great danger in America. You see, in Germany they look upon this thing as a sickness and here it is a crime."

He had just been admitted on a sentence of four years for sodomy.

IV.

The man was just leaving after having served twelve years for murder. He was prematurely old, intensely embittered, and full of hate for society. He wasn't sure what finally led him to commit the act. He knew he had been a fool to take up with a girl twenty years his junior after he separated from his wife, but he did not mind her immorality.

"What hurt me most, Doctor, was to have been made a fool by this young flip—to see her use my money for entertaining young bucks—so when I caught her one day with one of them, I killed her. That is all."

DR. B. GLUECK.

(*Physician to Sing Sing Prison*)
In *Psychoanalytic Review*.

THE MAMMAE AS PINCUSHIONS.

In a certain village of New England, a servant girl, in a respectable family, professed to be bewitched by some cruel person unknown, who chose her breast as a pincushion. The physician of the village was called in and did indeed extract from each breast many pins and needles, which, from time to time, he found imbedded deeply there. The girl, being watched, was seen to insert them herself; and on being made aware that she was thus detected, confessed that her motive was to attract notice, become an object of pity, and escape from the necessity of labor; and declared that she was led to the practice by the discovery that her breasts were totally insensitive to pain.—DR. S. H. DICKSON.

THE DECLINING BIRTH RATE.

In the past, at most periods and in most societies, the instincts of men and women led of themselves to a more than sufficient birth

rate; Malthus's statement of the population question had been true enough up to the time when he wrote. It is still true of barbarous and semicivilized races, and of the worst elements among civilized races. But it has become false as regards the more civilized half of the population in Western Europe and America. Among them, instinct no longer suffices to keep number even stationary....

There is no importance in an increasing population; on the contrary if the population of Europe were stationary, it would be much easier to promote economic reform and to avoid war. What is regrettable *at present* is not the decline of the birth rate in itself, but the fact that the decline is greatest in the best elements of population. There is reason, however, to fear in the future three bad results: first, an absolute decline in the numbers of English, French, and German; secondly, as a consequence of this decline, their subjugation by less civilized races and the extinction of their traditions; thirdly, a revival of their numbers on a much lower plane of civilization, after generations of selection of those who have neither intelligence nor foresight. If this result is to be avoided, the present unfortunate selectiveness of the birth rate must be somehow stopped.—BETRAND RUSSELL.

SOME OBSERVATIONS REGARDING MENSTRUATION.

In considering menstruation, Metchnikoff ("*The Nature of Man*") points out that these periodic losses are not a peculiarity of the human female. "Heat" in lower animals is analogous.

This state indicates the awakening of the sexual instinct and readiness for coition. Among monkeys there has been observed a flow resembling that of women. In the case of macaques and cercopithecids it has been observed even that the flow is monthly. These occurrences present a condition intermediate between the "heat" of lower animals and the human phenomenon. In monkeys they are distinguished by the predominance of the swelling of the genitalia, the viscid character of the discharge and the relative absence of blood.

In the case of women swelling of the genitalia is very slightly marked, the chief occurrence being the flow of blood. It is plain that something new has been acquired in the menstruation of women. The condition of the flow at the present time is probably the result of modifications acquired recently in the history of the race.

Among primitive peoples sexual union occurred at a very early age, and pregnancy occurred before menstruation. The latter did not appear during pregnancy nor in the time of suckling, and probably the latter was hardly over before a new pregnancy had occurred. In that way there was no opportunity for the onset of menstruation. But numerous instances are known of pregnancy occurring before the onset of menstruation. Among the Vedas of tropical India girls marry before they are nine years of age, and have relations with their husbands before sexual maturity. In Chiras in Persia, girls marry before puberty, and while their chests are still flat. Among the Atjeh of Sumatra girls marry at an age certainly before that of puberty, as they have hardly lost their first set of teeth. Among the islanders of Viti marriage takes place before puberty. The ancient Hindoos married at a very early age. In Sanscrit poems hell was awarded to the fathers of girls who had not been married when puberty came on; the girl herself was to descend the lowest degree of Cûdrâ, and was never to be taken as wife.

There is no doubt as to the fertility of marriages contracted at these early ages. It is not necessary for impregnation that it should have been preceded by a menstrual flow. Facts making this clear have occurred not only in warm climates but in our own latitude. Dakhomanoff, in Russia (Ploss-Bartels: "*Das Weib*") attended in childbirth a woman no more than fourteen years of age, of poor constitution, and badly nourished, and with features still infantile. Menstruation had not yet taken place; the confinement was normal.

It is reasonable to suppose that in former times these early marriages of girls under the age of puberty were more common, if indeed they were not customary. In such circumstances menstruation would have been a rare phenomenon.

It is highly probable that the periods as they exist to-day, with copious sanguineous discharge, are a recent acquisition of the human race.

A CASE OF SYPHILITIC REINFECTION.

On March 29, 1917, Dr. Panton and Malcolm (*Brit. M. J.*) treated a patient for a small ulcer on the penis, which he had noticed for four days, coitus having taken place six days and six weeks previous to the appearance of the lesion.

The spirocheta pallida was found in large numbers in the sore; the Wassermann was negative.

Three intravenous injections of galyl—0.4 gram—were made, the last on April 15, 1917. No mercurial treatment was given.

The sore healed rapidly. There were no further manifestations of syphilis.

On February 3, 1918, the man returned, stating he feared he had a recrudescence of the old infection. He had nasal catarrh. There was a small group of herpetic vesicles on the lower lip. His Wassermann was negative. He remained away until February 16, when he came complaining of "swelling of the neck." Examination showed an erosion of the lower lip covered with a yellowish grey false membrane with distinct induration around the base and edges.

The submaxillary lymphatic glands on the right side were considerably enlarged and hard, bulging out under the lower jaw.

The spirocheta pallida was found in the erosion. The Wassermann was negative. The man gave a history of having kissed a girl about three weeks previously.

The diagnosis of extragenital chancre was made. An injection of 0.6 gram novarsenobillon was given, followed by three more—each of 0.9 gram—at weekly intervals. Twenty-four hours after the first injection the swelling of the glands had disappeared.

Ten days later the sore had entirely healed.

OVARIES AND ENDOCRINE ORGANS IN MENTAL DISEASE.

Laura Forster (*Proc. Roy. Soc. of Med.*, May, 1917) made a histological examination of the ovaries in 100 cases of insanity, and found that in dementia precox all who had reached the age of 30 years showed signs of early involution. The findings show that where there is disease of the brain, or mental incapacity associated with it, the power of the individual to reproduce her kind is reduced, and in most cases an early cessation of ovarian function seems to take place. Moreover, there seems to exist an intimate dynamic relation between the ovary and the brain.

Kojima (*Ibidem*) made a careful examination of the endocrine organs in two cases of dementia precox, one in a male, the other in a female. The thyroid of the male had an entirely different appearance from that of the female, namely, indications of hypofunction as against those of hyperfunction. As to the parathyroids, those of the male contained clear, watery cells and a few

eosinophile cells; those of the female, on the contrary, contained many eosinophile cells. Further, the adrenals in the female were very small, and there was a diminution of lipoid substance in the cortical cells. And lastly, the testes gave very slight evidence of spermatogenesis, while the ovaries seemed to be undergoing an early involution.

CARDIAC SYPHILIS.

An editorial of the *Boston M. and S. J.* calls attention to the frequency of cardiac involvement from syphilitic infection, the presence of the spirocheta pallida having been demonstrated in about 88 per cent. of the cases. Syphilis affects the endocardium, myocardium and the pericardium, and is known as occurring in the secondary as well as in the tertiary stage and as being common in congenital cases.

Cardiac subjective physical symptoms may all be present as well as such objective signs as enlargement, thrills and murmurs. Decompensation is likely to occur and is of grave prognostic significance.

Improvement in cardiac syphilis can be expected provided the condition be recognized early. Other than antisymphilitic treatment is rarely necessary except in decompensation. But the treatment must be intensive and continued until positive changes for the better occur.

SEXUAL PERIODICITY IN THE MALE.

(*Report of three cases.*)

In June, 1912, an Englishman, violinist, single, age 29, entered voluntarily the Manhattan State Hospital.

He stated that from boyhood he manifested a desire to wander away from home into the field, and it was not long before his mother began to notice that these wandering expeditions would occur once a month at about the time of full moon. Altho his sexual awakening occurred at five or six with infantile fancies about female members of the household and active masturbation began at the age of ten, periodicity in his sexual excitement, coincident with lunar changes, was not observed until he reached puberty. As a boy of thirteen he experienced nosebleed during one of his excited periods, but there had been no periodical epistaxis.

Once a month, at the time of full moon, his erotic cravings were

strong, but, unless he was in his period, his sexual desires were mild. At the time of the period he usually also felt a marked increase in energy, physical power, and ability to play on his violin, but at others experienced restlessness, depression and anxiety. During one of his periods at the age of 16 he was so excited as to require committment to an English Insane Hospital. He cited many examples of relative absence at one time of his desires and extreme augmentation at others with the same or different women. He had lived in common law relations with a woman in London for two years.

During his residence in the Manhattan State Hospital the patient awoke on July 10 after an emission: On the following three days he passed thru a state of restlessness, mild depression and irritability.

He was deported to England and when last heard from he was working as a musician on shipboard.

The following case was that of a machinist, aged 28, complaining of nervousness, but otherwise apparently in good health. No venereal infection or excessive alcoholic indulgence. His development progressed normally until the age of 13, when he noticed that the left breast began gradually to enlarge. Two years later it attained its present development—a soft, slightly pendulous breast, about that of a girl just passed puberty. The musculature of his body was firm, the external genitals fully developed, and the pubic hair of the male type. His face was strikingly youthful; his voice decidedly soft and rather high pitched. From 15 to 18 he had indulged in masturbation, but then abandoned this practice for normal sexual intercourse. It was then that he became aware that his sexual desires were active only once a month, usually about the twenty-second, at which time they became extremely strong. At the same time his left breast would become firmer and more erect, and would also be subjectively sensitive and tender for about four days. For the past two years an oily secretion appeared at the nipple at such times. Seven years ago while rubbing the left breast with a towel after bathing he observed that the friction caused an erection of the penis. Altho more or less continuously in an uneasy and bashful state, his mental symptoms were more marked at the time of his periods. Then he always became restless, easily frightened, irritable, and was subject to vertigo and flushes of blood to the head. For the last two years he has avoided sexual intercourse because of waning sexual desires, but at the time of his periods he was troubled by frequent

involuntary nocturnal emissions. There were no signs of homosexual traits.

The patient was treated with orchitic substance with meager result.

The following case was that of an American of colonial ancestry, single, aged 29, clerk, whose chief complaints on first consultation were depression, irritability, and lack of concentration. He was thin, pale, of frail skeletal build. His genitals were normally formed, tho not well developed.

He began masturbation at the age of 5 and continued it up to the present time. At first masturbation was practised alone, but later he became passive agent in pederasty with his two brothers, who were respectively fourteen and eight years older. He had heterosexual intercourse only on three occasions at the age of 12 with a girl of the same age. Since the age of 15 he has abstained from any form of physical sexual relations with persons of either sex. His psychic homosexual component was always very pronounced and there were at least five instances of marked attraction toward men of the definite masculine type. In his tastes he was always an esthete, with strong likings for the artistic in music and painting and an aversion for the gross and vulgar. At 19 when he attempted to suppress his habit of masturbation, he noticed a regular variation in the intensity of his desires, so that at the time of full moon no amount of effort succeeded in controlling them.

This lunar increment in his sexual cravings had continued until the present time. The same excitability existed at lunar periods when the moon was not visible. Of recent years, since he had almost conquered his masturbation, nocturnal pollutions occurred regularly at such times.—DR. C. P. OBERNDORF: *Med. Rec.*, 7-5-'13.

WOMEN AND MUSIC.

Women lack two prime qualities necessary for creating—subjectivity and initiative. In practice they can not get beyond objectivity (imitation). They lack courage and conviction to rise to subjectivity. For musical creation they lack absorption, concentration, power of thought, largeness of emotional horizon, freedom in outlining. It is a mystery why it should just be music, the noblest, most beautiful, refined, spiritual and emotional product of the human mind that is so inaccessible to woman who is a

compound of all those qualities; all the more as she has done great things in the other arts, even in the sciences.—RUBINSTEIN: "*Music and Its Masters.*"

WOMEN AND GENIUS.

In the history of genius women have but a small place. Women of genius are rare exceptions in the world. It is an old observation that while thousands of women apply themselves to music for every hundred men, there has not been a single great woman composer. Yet the sexual difference here offers no obstacle. Out of six hundred women doctors in North America not one has made any discovery of importance; and with few exceptions the same may be said of the Russians. . . . Even J. S. Mill, who was very partial to the cause of women, confessed that they lacked originality. Even the few who emerge have on near examination something virile about them. As Goncourt said, there are no women of genius; the women of genius are men.—LOMBROSO: "*The Man of Genius.*"

THE SENTIMENTS OF CROWDS.

Authoritativeness and intolerance are sentiments of which crowds have a very clear notion, which they easily conceive and which they entertain as readily as they put them in practice when once they are imposed upon them. Crowds exhibit a docile respect for force, and are but slightly impressed by kindness, which for them is scarcely other than a form of weakness. Their sympathies have never been bestowed on easygoing masters, but on tyrants who vigorously oppressed them. It is to these latter that they always erect the loftiest statues. It is true that they willingly trample on the despot when they have stripped off his power, but it is because, having lost his strength, he has resumed his place among the people, who are to be despised because they are not to be feared. The type of hero dear to crowds will always have the semblance of Cesar. His insignia attract them, his authority overawes them, and his sword instils them with fear.

A crowd is always ready to revolt against a feeble and to bow down servilely before a strong authority. Should the strength of an authority be intermittent, the crowd, always obedient to its extreme sentiments, passes alternately from anarchy to servitude and from servitude to anarchy.—GUSTAVE LE BON: "*The Crowd.*"

Book Notices

MORBID FEARS AND COMPULSIONS, THEIR PSYCHOLOGY AND PSYCHOANALYTIC TREATMENT. By *H. W. Frink*, M.D., Assistant Professor of Neurology in Cornell University Medical College, Adjunct Assistant Neurologist to Bellevue Hospital, Ex-president of the New York Psychoanalytic Society, Secretary of the American Psychopathological Association, Member of the American Psychoanalytic Association, etc. With an Introduction by James J. Putnam, M.D., Emeritus Professor of Neurology, Harvard University. New York, Moffat, Yard and Company, 1918. Price, \$4.00.

There are two ways of reviewing a book on psychoanalysis. One is to discuss the subject itself, to show what, in the reviewer's opinion, is true in psychoanalysis and what is untrue or exaggerated and far-fetched. The other is to consider the book in itself and to show how far it has accomplished the object which the author set himself out to attain. The first does not belong within the scope of a brief book notice. As far as the second is concerned we can unequivocally state that it is one of the very best books, if not the best book, on psychoanalysis and the Freudian philosophy, particularly on the part designated by the title of the book, namely, morbid fears and compulsions. It is a pleasure to read it, and a careful perusal of it cannot fail to give the reader a clear and comprehensive idea of the subject. One point deserves to be emphasized. The book is written *in real English* and is not merely a transference of German sentences into clumsy, hardly intelligible English, a defect which is glaringly conspicuous in most of the translations of Freud's works. The book is well printed on excellent paper, which in these days of shabby printing is a point worth mentioning.

A TREATISE ON CYSTOSCOPY AND URETHROSCOPY. By *Dr. Georges Luys*. Translated and Edited with Additions by *Abr. L. Wolbarst*, M.D., New York. With 217 figures in the text and 24 chromotypographic plates outside the text, including 76 drawings from original water colors. Price \$7.50.

The publishers, the C.V. Mosby Company, and the translator, Dr. A. L. Wolbarst, deserve gratitude of the urologists of this country for having made accessible to them Dr. Luys' splendid

Treatise on Cystoscopy and Urethroscopy. Dr. Luys' *Traité de la Blennorrhagie* has so far no equal in any language, and the same may be said of the volume before us. The author, in common with most French writers, possesses a clear, lucid style which makes all his writings a pleasure to read. Dr. Wolbarst's comments add to the value of the book. The illustrations in black and color are of the highest character and could not be improved upon. Stereotyped tho the phrase may be, the book *will* make a valuable addition to the urologist's library.

BIPP TREATMENT OF WAR WOUNDS. By *Rutherford Morison*, Professor of Surgery, Durham University; Senior Surgeon, Northumberland War Hospital. Price \$1.00. Oxford University Press, New York.

The Bipp or Bismuth Iodoform Paraffin Paste has been found very successful in the treatment of wounds, and this small book presents a clear exposition, by the originator of the method, of the details of the technique, indications and contra-indications and so forth.

AMPUTATION STUMPS, THEIR CARE AND AFTER TREATMENT. By *G. Martin Huggins*, F.R.C.S., Medical Officer to the Government Schools, Salisbury, Rhodesia. Price \$2.75. Oxford University Press, New York.

Unfortunately there will be many, many stumps that we will have to deal with, even in this country, and anything that the surgeon can do to make a stump satisfactory, to make it more adapted as a point of support for an artificial arm or leg, is important humanitarian work. This book deals with the subject in a very satisfactory manner, and the numerous illustrations which it contains are excellent. The ingenuity which the surgeons and artificial limb manufacturers are showing in the manufacture of artificial hands and arms, feet and legs is quite remarkable. Military surgeons will find this well written manual quite useful and suggestive.

REFLECTIONS ON WAR AND DEATH. By *Dr. Sigmund Freud*. Moffat, Yard and Company, New York, 1918. Seventy-five cents.

Everything from the pen of this remarkably acute and original

thinker deserves to be read with attention and pondered with care. While we echo the hope of the translators that the booklet may contribute something to the cause of international understanding and goodwill, we cannot say that in these Reflections Freud has made any contribution towards the understanding of the causes of war in general and this war in particular.

SYPHILIS AND PUBLIC HEALTH. By *Edward B. Vedder*, A.M., M.D., Lieutenant-Colonel, Medical Corps, United States Army. Published by permission of the Surgeon-General United States Army. Lea and Febiger, Philadelphia and New York, 1918. Price, \$2.25.

Few movements have made such remarkable progress as has the movement for enlightening the public in reference to the venereal peril and to the prevention of venereal disease. The book before us is one of the very best dealing with the subject. The author's attitude on the ethics of venereal prophylaxis is an enlightened one. If we were to write a review and not a mere notice we might be inclined to take issue with the author on the too great reliance which he places on a positive Wassermann as proof of existing syphilis. But we will let that pass. The volume is a valuable addition to the literature on the subject and should be in the possession of physicians, sanitarians and social workers alike.

MECHANISMS OF CHARACTER FORMATION. An Introduction to Psychoanalysis. By *William A. White*, M.D. Macmillan Company, 1917. \$2.00.

An excellent small volume for those who want to have an elementary knowledge of psychoanalysis and the Freudian philosophy. Whether we all agree with the Freudian philosophy or not, no cultured man or woman has a right to be ignorant of what it stands for. You may reject Freudism partially or in toto, but only after you have made a study of it. To condemn and ridicule it without knowing what it means is extremely foolish.

THE PRINCIPLES OF MENTAL HYGIENE. By *William A. White*, M.D., MacMillan Company, 1917. \$2.00.

A clear, concise discussion of the feeble-minded, the insane, the criminal, the pauper, the prostitute, the inebriate, etc., etc., in the light of psychoanalysis and the Freudian philosophy.